

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/22/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  505154	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 07/09/2014
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NAME OF PROVIDER OR SUPPLIER  TACOMA NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2102 SOUTH 96TH STREET TACOMA, WA 98444
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F 000	<p>INITIAL COMMENTS</p> <p>This report is the result of an unannounced Abbreviated Standard Survey conducted onsite at Tacoma Nursing and Rehab Center on 7/9/14. The sample included 4 residents out of a census of 100. The sample included 3 current residents and the record of 1 former resident.</p> <p>The following are complaints investigated as part of this survey:</p> <p>#3019274</p> <p>The survey was conducted by: Woodetta Owens, RN, MN</p> <p>The surveyor is from: Department of Social and Health Services Aging and Long-Term Support Administration Division of Residential Care Services District 3, Unit A PO Box 45819, MS: N27-24 Olympia, WA 98504-5819</p> <p>Telephone: (253) 983-3800 Fax: (253) 589-7240</p> <p><i>D. Prongun-Druma</i> Residential Care Services</p>	F 000	<p>“This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, Tacoma Nursing and Rehabilitation center does not admit that the deficiency listed on this form exist, nor does the Center admit to any statements, findings, facts, or conclusions that form the basis for the alleged deficiency. The Center reserves the right to challenge in legal and/or regulatory or administrative proceedings the deficiency, statements, facts, and conclusions that form the basis for the deficiency.”</p>	7/30/14
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
<i>[Signature]</i>	Administrator	7/25/14

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 157 SS=D	<p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC)</p> <p>A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review it was determined that the facility failed to timely notify the resident's family following a fall with injury that</p>	F 157	<p>F 157</p> <p>Resident #1 no longer resides in the facility</p> <p>Any resident that has an accident or change in condition is at potential risk.</p> <p>Staff B is no longer employed with Tacoma Nursing and Rehab.</p> <p>Licensed nurses were re-educated on importance of timely notifications of resident, legal representative or interested family member following any significant change in condition or accident that has the potential for requiring physician intervention.</p> <p>Random audits will be completed to ensure that notifications are completed timely. Trends (if any) will be brought to QA for recommendations.</p> <p>DNS/Designee will be responsible for compliance</p> <p>Compliance date: 7/30/14</p>

7/30/14

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F 157	<p>Continued From page 2</p> <p>required physician intervention for 1 of 4 residents (#1) reviewed for accidents. This failure prevented the family from being aware of the resident's accident and the opportunity to share input in the decision making process.</p> <p>The facility's policy and procedure for "managing acute condition change" documented, in part, "notify the physician and family/responsible party without delay."</p> <p>Review of the facility's "event and occurrence report" revealed the resident had a fall and complained of being sore on 7/5/14 at 1:00 a.m. The report did not document that the licensed nurse (Staff B) who worked the 10 p.m. - 6:00 a.m. shift had notified the family of the residents fall and complaint of being sore. According to the "event and occurrence report," approximately three hours later, the resident complained of right leg pain. On 7/5/14 at 4:00 a.m., Staff B received a physician's order for an x-ray, and did not notify the family of the resident's new complaint of right leg pain or of the physicians order for an x-ray.</p> <p>On 7/9/14 at 2:30 p.m., during an interview, licensed nurse (Staff C) who worked the 6 a.m. - 2:00 p.m. shift on 7/5/14 stated she did not notify the family of the resident's fall, because she thought the family had been notified by the nurse from the previous shift.</p> <p>Review of the record revealed the licensed nurse (Staff D) who worked 7/5/14 on the 2 p.m. - 10 p.m. shift documented, "x-rays done: shows right femur fracture, physician notified at 4:11 p.m., orders given to send resident to the hospital. Ambulance service arrived at 4:30 p.m. and transported the resident to the hospital, family</p>	F 157		7/30/14

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F 157	Continued From page 3 notified at 4:41 p.m. (over 15 hours later), of the resident's condition."  On 7/9/14 at approximately 3:00 p.m., the director of nursing (Staff A) was informed of the above findings.	F 157		7/30/14